

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/2					53						
4		0					54						
5		0					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0	1				60						
11	/						61						
12		/					62						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	2						TOTAL IND.						
TOTAL DEP.	10	←	←	←	←	↓	TOTAL DEP.	↓	↓	↓	↓		
TOTAL CLASOS	12						TOTAL CLASOS						

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